

## THE STRUGGLE FOR THE ASSURANCE OF APPROPRIATE MEDICAL CARE\*

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**F**or some 30 years I have been a practicing physician-internist in the City of New York and have been intermittently associated with the professional and fiscal problems of a large urban hospital. I have had the opportunity to work continuously with both the teaching program, patient care, and administrative services at Lenox Hill Hospital. I have served as the chairman of the Hospital's Utilization and Medical Audit Committee for the past 15 years and have had the privilege of being a member, since its inception, of the Hospital Review Committee of the New York City Professional Standards Review Organization, known familiarly as NYCHSRO. I have worked closely with my physician colleagues and hospitals now euphemistically referred to as "vendors." I have heard their doubts, fears, and concerns about the new regulatory agencies and federal mandates. They have wondered whether the restrictions now imposed will seriously hinder their ability to deliver the most appropriate and necessary care in a timely fashion. I have found them universally willing to abide with and to cooperate in these endeavors whenever the underlying rationale and logic supporting these regulatory programs have been thoughtfully presented to them.

I have deeply enjoyed and taken great pride in my participation in the work of the New York Academy of Medicine and as a member of its Committee on Medicine in Society. I only trust that I have been able to contribute a small amount to them, for in return I have received far more in value and knowledge to myself, my patients, and my hospital through this association. I feel singularly honored and privileged to have been asked to serve as the conference chairman.

We face a most critical time in our social history, especially involving

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the appropriate delivery of health and social services. So many improvements in medicine have been achieved during these 30 years that we, as physicians, wish to make available to the whole of mankind that some of us may find it frustrating to be confronted at last with the inevitable need to contain costs. We were reared in a philosophy of the Great Society that encouraged us to impart our knowledge, new treatments, and new testing skills to all who needed them. To our dismay, we find that simplistic laissez-faire attitudes have had to be abruptly changed. Unfortunately, in our enthusiasm for technological advances that were oblivious to cost considerations, we lost sight of the necessity for the more pragmatic approach which the state of our economy is forcing upon us. We must, in the medical profession, direct our efforts and skills to take the leading role that society rightly demands of us to achieve timely, cost-effective and appropriate medical care for all. We must assure our legislators that we too are cognizant of the costs but at the same time we must not abrogate our responsibilities to assure appropriate medical services for our patients.

A few words about our conference are now in order.

A careful reading of our program will reveal that it has four plenary sessions and a total of four smaller luncheon sessions. The first two plenary sessions, this morning and this afternoon, are devoted to presentations that outline the contribution of five types of organized programs to appropriate medical care, two of them federally mandated and the others not. Efforts at the evaluation of federally mandated programs in particular will follow at the third plenary session tomorrow morning.

At the four luncheon panels we shall turn to local experience, principally that of New York City and its environs, focusing on experience in the field and finding our way in new programs.

Having heard some national and local perspectives, we shall conclude our program on Friday afternoon by reviewing recent state-local relationships in the area of regulatory experience. Through focusing on issues and problems, we hope to learn how localities can relate to state governments and vice versa. Insight into these matters may be especially needed during a period of fiscal austerity and reorganization of resources if regulation by state government increases as that of the federal government declines.

The struggle for the assurance of appropriate medical care is defined by the content of our annual health conference spans, less than 10 years from 1972 to the present. The establishment of Medicare and Medicaid

provided unprecedented focus on the quality and appropriateness of care rendered to beneficiaries through its requirements for utilization review. The 1972 Social Security Amendments contained the landmark Professional Standards Review Organization provisions to assure that care provided under a variety of poverty funded programs was both “medically necessary” and “appropriate” to each patient’s needs. These aims were to be accomplished through the application of review, the use of norms, criteria, and standards, and the identification and correction of deficiencies in the provision of health care services. Legislation enacted in 1966 for comprehensive health planning and then substantially modified in the National Health Planning Resources and Development Act of 1974 established Health Systems Agencies and other units with wide-ranging responsibilities to achieve a number of worthy goals. These included efforts to “increase accessibility, continuity and quality of health service, restrain cost increases and prevent unnecessary duplication of health services.” In short, both the Health Systems Agencies and Professional Standards Review Organizations were to assure that the health needs of the individual and the total community were met. In the light of the proposals to eliminate federal support for these programs, it is particularly important to examine their origins, directions, and changing assumptions.